



STANDARD APPLICATION FORM FOR LAND DISTURBING ACTIVITIES
STORMWATER PERMITTING

P/D 10-06-07-02

SECTION 1 - Administrative Information
(To Be Completed By All Applicants)

Date: (MM/DD/YYYY) 03/30/2006

1. Facility or project name: McAlister Smith Funeral Home
County: Charleston City/Town: Charleston
Location (also shown on location map): Intersection of Bees Ferry Road and Shadow Pointe Drive
Latitude: N32 50' Longitude: W80 4'
Tax map #: 356-00-00-042 USGS Quad Name: Johns Island
2. Nearest receiving water body: Church Creek
Distance to nearest receiving water body: +/- .25 Miles
Ultimate receiving water body: Ashley River
3. Are there any wetlands located on the property? yes If yes, have they been delineated? yes
Are any federally jurisdictional wetlands being impacted by this project? no If yes, has a Corps permit been issued?
Corps permit #: _____ Are any federally non-jurisdictional (state) wetlands being impacted by this project? yes
What is the total acreage of federally jurisdictional and state wetland impacts? 0.00 (Juris.) 0.32 (Non-juris.)
On an 8 1/2" X 11" copy of a site plan indicate the wetland impacts and the proposed mitigation.
4. Are there any existing flooding problems in the downstream watershed? no
5. Property owner of record: Mark Smith
Address: 150 Wentworth Street City: Charleston State: South Carolina Zip: 29401
Phone (day): (843) 722-8371 (night): _____ (fax): (843) 937-0500
6. Person financially responsible for the land disturbing activity: Same as above
(if different than above)
Address: _____ City: _____ State: _____ Zip: _____
Phone (day): _____ (night): _____ (fax): _____
7. Agent or day-to-day contact (if applicable): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (day): _____ (night): _____ (fax): _____
8. Plan preparer, engineer, or technical representative: Trico Engineering Consultants, Inc.
Address: 4969 Centre Pointe Drive, Suite 200 City: North Charleston State: South Carolina Zip: 29418
Phone (day): (843) 740-7700 (night): _____ (fax): (843) 740-7707
9. Contractor or operator (if known): TBD
Address: _____ City: _____ State: _____ Zip: _____
Phone (day): _____ (night): _____ (fax): _____
10. Size, total (acres): 4.90 Surface area of land disturbance (acres): 3.00
11. Start date: (MM/DD/YYYY) July 2006 Completion date: (MM/DD/YYYY) July 2008

SECTION 2A - For Projects That Disturb Less Than One (1) Acre Which Are Not Part of a Larger Common Plan for Development or Sale and Which Are Not Located Within 1/2 Mile of a Receiving Waterbody in the Coastal Counties

12. Description of control plan to be used during construction. (Must also be shown on plan sheets or sketch drawing):

This plan does not have to be prepared by a professional engineer, tier b surveyor, or a landscape architect and there is NO STATE REVIEW FEE associated with this type of project. On a case-by-case basis, an NPDES permit with a \$125 fee may be required.

13. For this form to be complete, the applicant must sign item 23.

SECTION 2B - For Projects That Disturb One (1) Acre or More But Less Than or Equal to Two (2) Acres Which Are Not Part of a Larger Common Plan for Development or Sale or Projects That Are Located Within 1/2 Mile of a Receiving Waterbody in the Coastal Counties (See Special Requirements for Coastal Zone Projects on Instructions Sheet)

14. Description of control plan to be used during construction. (Must also be shown on plan sheets or sketch drawing):
This plan must be prepared by a professional engineer, tier b land surveyor, or a landscape architect

15. Fee: \$125 NPDES General Permit coverage fee applies, exempt from state review fee.

16. SIC code: _____ Is the site located on Indian lands? _____

17. For this form to be complete, the applicant must sign items 23 and 24 and the plan preparer must sign item 25.

SECTION 2C - For Projects Disturbing More Than Two (2) Acres and/or Projects That Are a Part of a Larger Common Plan for Development or Sale

18. Is this part of a larger common plan for development or sale? No
If yes, what is the state permit number for the previous approval? _____
What is the NPDES permit coverage number? _____
Has a Notice of Termination (NOT) been submitted for the NPDES permit coverage? _____

19. The stormwater management and sediment and erosion control plan for projects of this size must be prepared by a professional engineer, tier b land surveyor, or a landscape architect.

20. SIC code: 1542 Nonresidential construction Is the site located on Indian lands? No

21. Type of project and fees (please choose the type of activity):
a. Federal - State - Local - School (exempt from State fees, \$125 NPDES fee applies)
b. Industrial - Commercial - Residential - Part of a larger common plan for development or sale
[\$100 per disturbed acre, maximum \$2000 State fee per project PLUS \$125 NPDES permit fee.]
Project Type: Commercial Fee: \$425.00

22. For this form to be complete, the applicant must sign items 23 and 24 and the plan preparer must sign item 25.

SECTION 3 - Signatures and Certifications

23. I hereby certify that all land disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the Department of Health and Environmental Control and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land disturbing activity.

Mark M Smith
Printed Name
Owner/Person Financially Responsible

[Signature]
Signature
Owner/Person Financially Responsible

24. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Mark M Smith
Printed Name
Owner/Person Financially Responsible

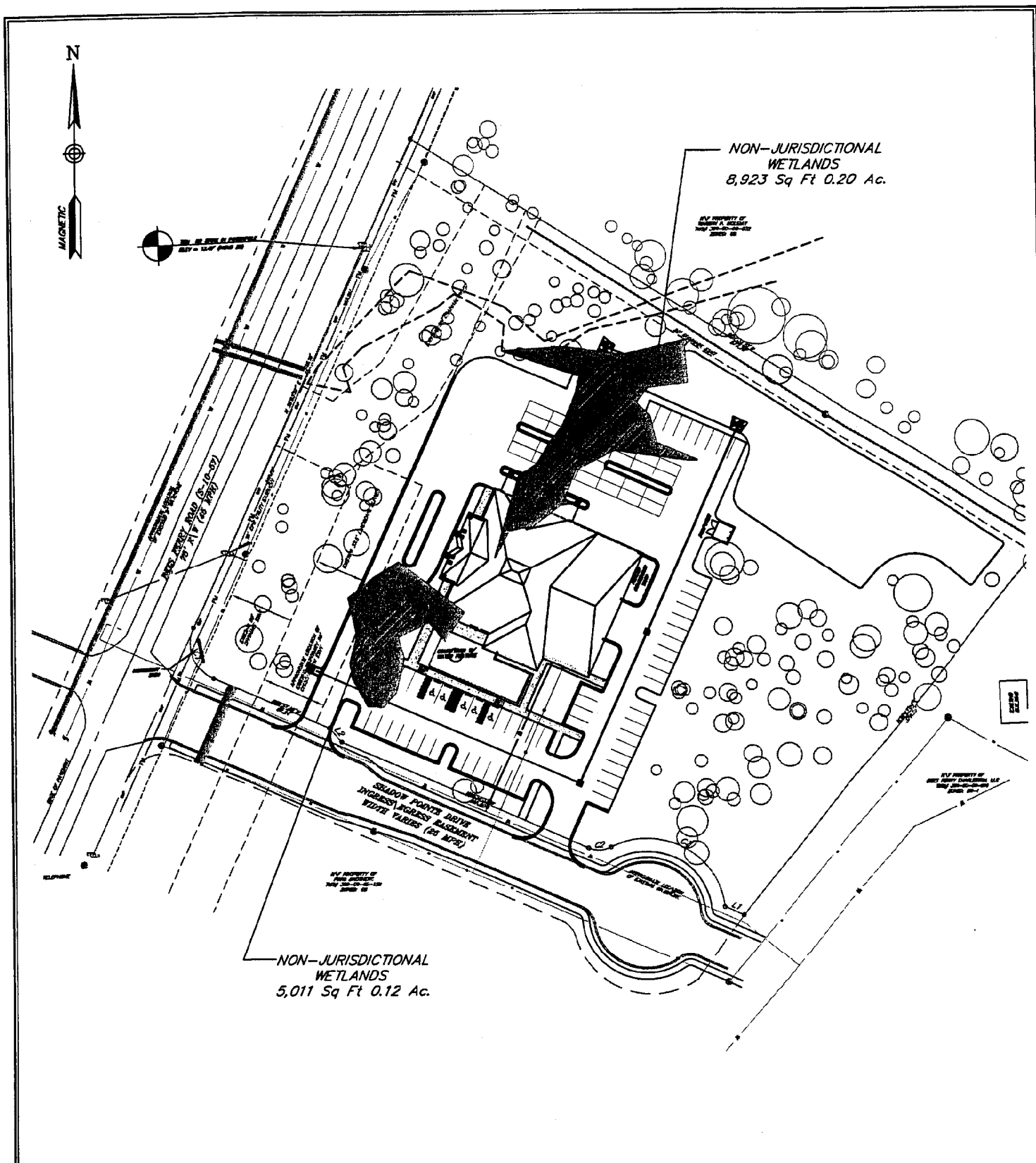
[Signature]
Signature
Owner/Person Financially Responsible

25. Designer Certification - One copy of the plans, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, and pursuant to Regulation 72-300. (Five sets of plans are required for final approval.)

Sam on Smith
Signature

21582
S. C. Registration Number

Check appropriate registration: Engineer ☒ Tier B Land Surveyor _____ Landscape Architect _____



DESIGNED : DDD/KLPC

DRAWN : KLPC

CHECKED : DDD/IMS

APPROVED : IMS

SCALE : 1" = 100'

DATE : JUNE 20, 2006

PROJECT NO. : 06-005

SHEET 1 OF 1



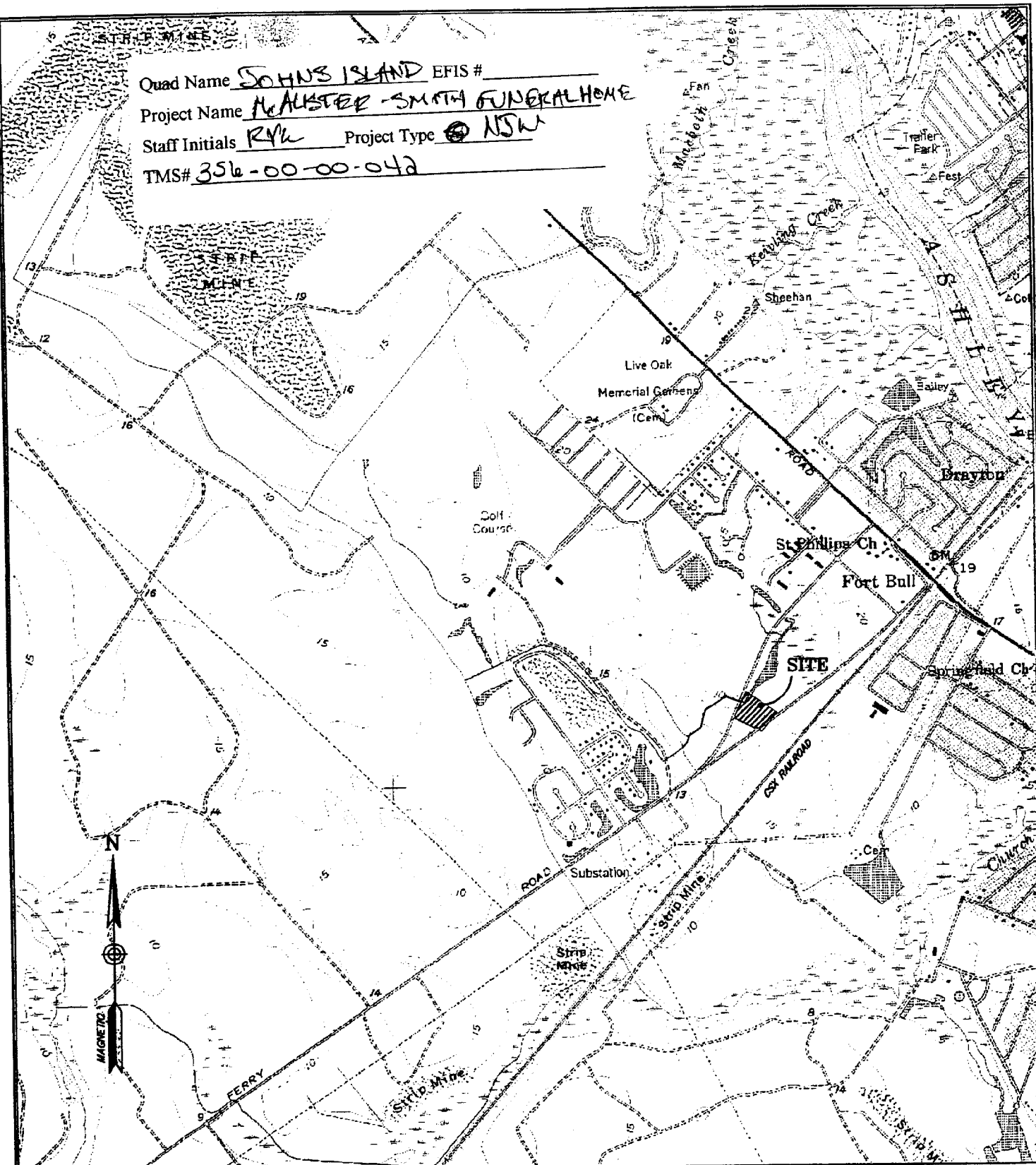
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4959 CENTRE POINTE DRIVE,
SUITE 200
NORTH CHARLESTON, SC 29418
PHONE: 843.740.7700
FAX: 843.740.7707

GEORGETOWN OFFICE
901 FRONT STREET, SUITE 1
GEORGETOWN, SC 29440
PHONE: 843.545.5200
FAX: 843.527.7671

TITLE
WETLAND EXHIBIT
McALISTER-SMITH FUNERAL HOME
LOCATED IN
THE CITY OF CHARLESTON
CHARLESTON COUNTY, SOUTH CAROLINA

STRIP MINE
 Quad Name JOHN'S ISLAND EFIS # _____
 Project Name McALISTER-SMITH FUNERALHOME
 Staff Initials RLK Project Type NSM
 TMS# 356-00-00-042



DESIGNED : DDD/KLPC

DRAWN : KLPC

CHECKED : IMS

APPROVED : IMS

SCALE : 1" = 2000'

DATE : MARCH 30, 2006

PROJECT NO. : 06-005

SHEET 7 OF 1



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TITLE
McAlister-Smith Funeral Home
 Site Boundary
 shown on
 John's Island
 Quad Map